Docket No. 0575/55099-B/JPW/AJM

Date: <u>January 11, 2006</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ilya Trakht Examiner: Ron B. Schwadron Serial No. : 09/767,578 Group Art Unit: 1644 Filed : January 23, 2001

: DEVELOPMENT OF HUMAN MONOCLONAL ANTIBODIES AND USES For

THEREOF

Mail Stop Amendment COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

## The filing fee is calculated as follows:

	Number	Highest	Number of Extra Claims Presented	RATE			FEE	
	after Amend- ment	Number Previously Paid For <sup>1</sup>		Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	12 -	* 20 =	*** 0 x	\$25	\$50	=	0	
Indepen		**	***					
Claims	2 -	3 =	0 <sub>X</sub>	\$100	\$200	=	0	
Multiple	Dependen	t Claim(s) Pr	esented					
For Firs	For First Time X Yes No				\$360	=	180	
,				TOTAL A	DDITIONAL			

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\$ 180.00

<sup>\*\*</sup> If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

<sup>\*\*\*</sup> If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s): Ilya Trakht
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The following are also enclosed:
X One additional copy of this Amendment Transmittal Letter
X Return Receipt Postcard
An Information Disclosure Statement, including Form PTO-1449  (Copies of citations included: Yes No  and a fee of \$ included)
A Petition for an Extension of Time, including a fee of \$ for a Petition for Month(s) Extension of Time
Other (identify):
THE TOTAL FEE DUE IS \$ 180.00  X A check in the amount of \$ 180.00 is enclosed.  Please charge Deposit Account No in the amount of \$  X The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No03-3125 as follows:
X Fees under 37 C.F.R. §1.16 for the presentation of extra claims Patent application processing fees under 37 C.F.R. §1.17
Respectfully submitted,
I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:  Mail Stop Amendment Commissioner for Patents P.O Box 1450 Alexandria, VA 22313-1450.  Alan J. Morrison Reg. No. 37,399  John P. White Registration No. 28,678 Alan J. Morrison Registration No. 37,399  Attorneys for Applicant(s) Cooper & Dunham LLP (Customer #23432) 1185 Avenue of the Americas New York, New York 10036 (212) 278-0400